

NOTICE OF INDEPENDENT REVIEW DECISION

August 9, 2002

RE: MDR Tracking #: M2-02-0938-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in physical medicine and rehabilitation which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 27 year old female sustained a work related injury on ___ while lifting at a check-out counter. The patient was diagnosed with sprained upper back. The patient had symptoms of low back pain and underwent MRI studies of the lumbar spine on 01/17/95, which revealed degeneration at L5-S1. A second MRI study was performed on 05/28/97, which revealed degeneration at L5-S1 with central annular bulge without herniation. The patient has been treated with medication as well physical therapy. The patient continues to have complaints of pain and the treating physician is requesting a third MRI.

Requested Service(s)

MRI of the lumbar spine

Decision

It is determined that the MRI of the lumbar spine is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the review of the available medical information, this patient has had symptoms suggestive of low back pain with little to no evidence of a radiculopathy or structural abnormality, which would result in spine surgery. The patient has undergone MRI study of the lumbar spine in 1995 with a repeat study in 1997 with both MRIs showing the presence of ordinary diseases of life in the form of degenerative disc disease. Medical information subsequent to 1997 does not indicate any objective neurologic or orthopedic deficits that would suggest an alteration in the physical integrity of the lumbar spine. The patient has had reports of increasing pain that have varied. She has been identified with pain that has been located in the sacroiliac area. There has been minimal to no indication of radicular pain. Based on the lack of any objective identified change in the patient's orthopedic or neurologic objective findings as well as two prior MRI studies indicating no progression between 1995 and 1997, there is no established medical necessity for a third MRI study to be performed of the lumbosacral area.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,